

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | JB | | 5-03-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | ER | 106 | 8-29-01 |
| RESPONSE FORMALITY REVIEW | JB | 102 | 10-1-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 ○ Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Filed Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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926
 10/12/01
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